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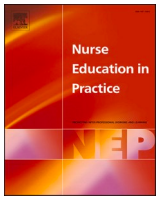

The relationship between the individualized care perceptions of nurses and their professional commitment: Results from a descriptive correlational study in Turkey

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ABSTRACT

Aim/objective: This study aimed to measure individualized care perceptions and professional commitment among nurses and investigate the relationship between these variables.
Background: It is necessary to identify the factors that affect professional commitment and individualized care, which further influence outputs such as quality of care and patient and staff satisfaction.
Design: It is a descriptive cross-sectional study.
Methods: This study was conducted with 231 nurses working in surgery, internal diseases and intensive care departments at a public hospital in Turkey between September 2018 and March 2019.
Results: The study found that the perception of individualized care among the nurses (ICS-A) was on a good level (3.81 ± 0.71) and their professional commitment (NPCS) was at on a medium level (79.95 ± 13.07). There was a positive significant relationship between the departments at which the nurses worked and their perceptions of individualized care ($p < 0.05$). A positive significant relationship ($p < 0.05$) was also found between the professional commitment of the nurses and the duration of their service at the departments and whether they chose the profession willingly ($p < 0.05$). The results of the study indicated a positive significant relationship ($p < 0.05$) between the NPCS and ICS-A mean scores of the nurses.
Conclusions: This study is expected to be guiding in education and practice environments on both national and international levels in terms of increasing patient care quality, patient satisfaction and job satisfaction in nurses.

1. Introduction

The concept of individualized care is sometimes used synonymously with 'private', 'personalized', 'patient-centered', 'personal' or 'human-centered' care (Can and Acaroğlu, 2015). Based on the fact that patients are essentially individuals, and they cannot simply be reduced to diseases and symptoms, the use of the concept of individualized care is gradually increasing in frequency over the concept of patient-centered care (Santana et al., 2018). Individualized care implies that attention is paid to individuals' needs, desires, experiences, preferences, behaviors, feelings, perceptions and understandings (Gurdogan et al., 2015). Offering nursing care that is sensitive and respectful to the preferences, needs and values of individual patients is the primary principle that guides all clinical decisions (Hower et al., 2019). In the individualized care approach, the perceptions, needs and experiences of patients are valued in every phase of the treatment and follow-up process (Fix et al., 2018). Individualized nursing care is considered an indicator of the quality of care, as it positively affects patient outcomes (Papastavrou et al., 2015). Offering individualized care affects patient satisfaction as well as physical and social well-being (Kuipers et al., 2019). Nurses stated that individualized care interventions enhance patient satisfaction and quality of life and positively influence patient perceptions (Weldam et al., 2017).

In fields such as medicine where vital and urgent decisions need to be made for recipients of service, professional commitment is especially important (Cihangiroğlu et al., 2015). Professional commitment involves individuals' devotion to professional goals and values, acting in line with these values, working towards professional activities and feeling proud of their professional career (Barać et al., 2018). Professional commitment is shaped between professional experiences and the socializing process under factors such as desire to effort, maintenance of professional membership and devotion to goals and values (Çetinkaya

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et al., 2015). Professional commitment among practicing nurses affects patient satisfaction, quality of care and job satisfaction (Al-Hamdan et al., 2018; Dönmez and Karakuş, 2019). According to Çetinkaya et al. (2015), professional commitment, which is a significant component of the work life of some nurses, involves nurses' devotion to and acceptance of the values of the profession of nursing, trying to realize them, willingness to develop professionally and determination to continue to work as a nurse.

Professional commitment among nurses enables them to embrace the values of the profession as a guide and therefore, to apply individualized care, which reflects the philosophy of nursing care. Although there are studies that evaluate individualized care perceptions (Papastavrou et al., 2015; Doğan et al., 2019) and professional commitment (Derin et al., 2017; Al-Hamdan et al., 2018; Dönmez and Karakuş, 2019) among nurses separately on the national and international levels, no study was found to compare these perceptions of nurses. Therefore, this study was conducted to evaluate professional commitment and individualized care perceptions among nurses as indicators of the professional behavior of nurses and investigate the relationship between these variables. It is believed that the results of this study will offer data on how the philosophy of nursing is reflected in clinical practice. This study aimed to measure individualized care perceptions and professional commitment among nurses and investigate the relationship between them.

This article will address the following questions:

Q1: What are the personal and professional characteristics that affect perceptions of individualized care among nurses?

Q2: What are the personal and professional characteristics that affect professional commitment among nurses?

Q3: Is there a relationship between nurses' perceptions of individualized care and their professional commitment?

2. Method

2.1. Design and setting

This is a descriptive cross-sectional study on the individualized care perceptions and professional commitment of nurses.

2.2. Sample

The population of the study comprised 261 nurses working in surgery, internal diseases and intensive care departments at a public hospital in the city of Bursa, Turkey between 30 September 2018 and 31 March 2019. The sample comprised 231 nurses who had been working in one of these departments for at least the past one year and volunteered to participate in the study. The place where the study was conducted is a state hospital with a 535-bed capacity. The study was carried out with nurses working in the surgery, internal diseases and intensive care departments since they had the opportunity to spend more time with patients. Nurses working in departments of outpatient surgery, operating room, bloodletting, dressing and polyclinic services were excluded from the study for this reason.

After the sample calculations made with Power = 0.80, $\beta = 0.05$ and $\alpha = 0.05$, the minimum number of people to be included was determined as 216. It was aimed to reach all nurses in the clinics where the study was conducted. However, as some potential participants did not want to be included in the study (n = 30), the study was completed with 231 individuals (participation rate of approximately 88%).

2.3. Data collection

The researcher communicated with the potential participants within their working hours by visiting the relevant departments of the hospital where the study was conducted. By reaching all nurses who were aimed to be included in the sample, the study was completed with those who volunteered to participate. The data in the survey forms were collected face-to-face by the researcher from the nurses working in the departments where the study was conducted who voluntarily agreed to participate in the study, after receiving information about the purpose, scope and duration of the study, what was expected of them and their rights. Each participant completed the survey in an average of 15 min. The principles of "do no harm-provide benefit" were followed and the data were collected in time periods that would not cause disruption in the care that the nurses would provide to their patients and in the resting/training rooms of the nurses.

2.4. Instruments

The data were collected with an Information Form, the Individualized Care Scale–Nurse Version (ICS-A) and the Nursing Professional Commitment Scale (NPCS). The validity and reliability of the measurement tools had been demonstrated in the native language of the country where the research was conducted. The Turkish form of the Individualized Care Scale–Nurse Version (ICS-A) was determined to be a reliable and valid tool (Karayurt et al., 2018). The Turkish version of the Nursing Professional Commitment Scale was determined to cover the same dimensions as the 26-item original form with acceptable validity and reliability results (Çetinkaya et al., 2015).

2.4.1. Information form

The structured Information Form used in data collection was developed by the researcher in line with the information available in the literature (Can and Acaroğlu, 2015; Çetinkaya et al., 2015). Inquiring about the descriptive characteristics of the nurses, this form included 10 questions related to demographic characteristics (age, gender, marital status and number of children), socio-economic characteristics (level of education) and professional characteristics (department of work, total years in the profession, total years in the current department and whether they chose nursing willingly).

2.4.2. Individualized care scale-A (ICS-A)

The Individualized Care Scale – Nurse Version was developed by Suhonen et al. (2010) to evaluate the views of nurses on individualized care in a healthcare setting. Şendir et al. (2010) adapted the scale to the Turkish society (Karayurt et al., 2018). This study used the version of the scale whose reliability and validity were proven. In the first part of the two-part scale, nurses' perceptions of supporting the individuality of patients in their care practices (ICS-A-Nurse) are evaluated and in the second part, perceptions of individualizing patients' care (ICS-B-Nurse) are evaluated. ICS-A-Nurse was used in this study. The scale comprises 17 items and 3 dimensions. The dimensions included in the scale are Clinical Situation (7 items), Personal Life Situation (4 items) and Decisional Control (6 items) (Acaroğlu and Şendir, 2012). BBSA-Nurse dimensions reflect the care behavior of nurses in supporting the individuality of patients in issues such as giving them the opportunity to participate in decisions (Decisional Control), in their response, feelings and emotions towards the disease (Clinical Situation), in their habits, activities and preferences (Personal Life Situation) and in their own care. The 5-point Likert-type scale is scored as follows: 1 = strongly disagree, 2 = somewhat disagree, 3 = neutral, 4 = somewhat agree and 5 = strongly agree. Suhonen et al. (2010) found the Cronbach's alpha coefficient of the scale to be 0.88 in their study. The Cronbach's Alpha coefficient of the scale was found to be 0.92 in this study, and it was determined that the scale was a reliable measurement tool. The Clinical Situation (0.92), Personal Life Situation (0.78) and Decisional Control (0.83) dimensions of the scale were also found to be reliable.

2.4.3. Nursing professional commitment scale

NPCS, developed by Lu et al. (2000), was used to determine the professional commitment levels of the nurses in this study. The original version of the scale includes 26 items and 3 dimensions (desire to effort, maintaining professional membership and devotion to the goals and

values). The 4-point Likert-type scale includes 9 inversely scored items (items 14, 15, 16, 17, 18, 19, 20, 21 and 25). The internal consistency coefficient of the original scale was reported as 0.94. The lowest and highest possible scores in the scale are 26 and 104. The lowest and highest scores in the dimensions are 13 and 52 for desire to effort, 8 and 32 for maintaining professional membership and 5 and 20 for devotion to the goals and values. A higher score in the scale and its dimensions indicates a higher commitment to the profession. Çetinkaya et al. (2015) conducted the content and construct validity analysis of the scale in Turkish. While the calculated Cronbach's alpha coefficient for the total scale was 0.90, the same coefficient was 0.88 for "desire to effort", 0.77 for "maintaining professional membership" and 0.67 for "devotion to the goals and values". The validity and reliability of the scale in Turkish were considered on acceptable levels. In this study, while the Cronbach's alpha coefficient for the entire scale was 0.89, the dimensions of Desire to Effort (0.89), Maintaining Professional Membership (0.85) and Devotion to the Goals and Values (0.63) also showed that the scale was a reliable measuring tool.

2.5. Ethical considerations

Approval from the ethics committee (no. 2018–15/2) and the hospital was obtained before the study was conducted. We also obtained approval from the scholars who had developed the respective scales.

The nurses in the sample of the study were told about the aim, scope and duration of the study and what was expected of them in the study, and they provided consent to be included in the study. The "autonomy" principle was applied by informing the nurses who agreed to participate in the study that they were free to decide whether to participate in the study or not and that they could withdraw whenever they wanted. The nurses who agreed to participate in the study did not disclose their identity information and the other information they provided was kept confidential in line with the principles of respect for individuality and human dignity. Under the principles of "loyalty and confidentiality", the nurses were assured that the information obtained from them would not be used for different purposes other than this study and not be allowed to be accessed by others. There is no unofficial relationship with the researcher and the institution(s) where the study was conducted that could affect the credibility of the study. All stages of the study were conducted in line with ethical principles.

2.6. Statistical analysis

The data were analyzed on the IBM SPSS Statistics, version 24, (SPSS) software. The scores on the scales were calculated and the kurtosis and skewness coefficients were analyzed to determine whether the data were normally distributed. Because the data had a normal distribution, parametric test techniques were used in the study. *t*-test and analysis of variance (ANOVA) were used to analyze how the scores in the scales varied depending on demographic characteristics. While *t*-test was used in the analysis of the demographic variables with two groups, ANOVA test was used in the analysis of the variables with more than two groups. Moreover, the relationship between the scale scores was analyzed by Pearson's correlation test and the effect of the independent variable on the dependent variable was analyzed by regression analysis.

3. Results

3.1. Distribution of the individual and professional characteristics of the sample

The distribution of the individual characteristics of the nurses who participated in the study showed that 37.2% of the participants were 30–39 years old and 85.7% (n = 198) were female. Of the total number of nurses, 71% (n = 164) had an undergraduate or higher degree, 68% (n = 157) were married and 67.6% (n = 156) had children (Table 1).

Table 1
Distribution of individual and professional characteristics of the sample (N = 231).

Characteristic	n	%
Age		
Under 30	71	30.7
30–39	86	37.2
40 and older	74	32.0
Gender		
Female	198	85.7
Male	33	14.3
Education		
High school*/Associate degree	67	29.0
Undergraduate degree or more	164	71.0
Marital status		
Married	157	68.0
Single	74	32.0
Number of children		
0	75	32.5
1	69	29.9
2–3	87	37.7
Total Duration of work (Year)		
1–5	54	23.4
6–10	41	17.7
11–15	48	20.8
16–20	34	14.7
More than 20	54	23.4
Department		
Medical Service	101	43.7
Surgical Service	57	24.7
Intensive Care	73	31.6
Years served in present department		
1	86	37.2
2–4	60	26.0
5–7	40	17.3
8 And More	45	19.5
Type of working schedule		
Only Day	25	10.8
Only Night	10	4.3
Shift	196	84.8
Choice of profession		
Willingly	164	71.0
Unwillingly	67	29.0

* The graduation of the nurses in this group is a health vocational high school.

Of the participants, 23.4% had been in the profession for 1–5 years and 23.4% had been in the profession for more than 20 years, whereas 37.2% (n = 86) had been working at their departments for less than a year. Among the nurses, 43.7% (n = 101) were working in the internal diseases department, 84.8% (n = 196) were working in a shift system and 71% (n = 164) had chosen to be nurses willingly (Table 1).

3.2. ICS-A and NPCS scores of the sample

The mean total score of the nurses in ICS-A was 3.81 ± 0.71. Their mean scores in the dimensions from the highest to the lowest were as follows: Decisional Control (DecA): 3.97 ± 0.75, Clinical Situation (ClinA): 3.96 ± 0.85 and Personal Life Situation (PersA): 3.31 ± 0.93 (Table 2).

The mean total score of the nurses in NPCS was 79.95 ± 13.07. Their

Table 2
ICS-A and NPCS Scores of the sample (N = 231).

Scale and Sub-Dimensions	Min	Max	Mean	sd
ICS-A (Total score)	1	5	3.81	0.71
Clinical situation (ClinA)	1	5	3.96	0.85
Personal life situation (PersA)	1	5	3.31	0.93
Decisional control (DecA)	1	5	3.97	0.75
NPCS (Total score)	31	102	79.95	13.07
Desire to effort	13	52	41.72	8.64
Maintaining professional membership	8	32	22.21	5.69
Devotion to the goals and values	7	20	16.02	2.71

mean scores in the dimensions from the highest to the lowest were as follows: Desire to Effort: 41.72 ± 8.64, Maintaining Professional Membership: 22.21 ± 5.69 and Devotion to the Goals and Values: 16.02 ± 3.57 (Table 2). The lowest and highest scores in the dimensions were 13 and 52 for desire to effort, 8 and 32 for maintaining professional membership and 5 and 20 for devotion to the goals and values.

3.3. The relationship between the characteristics of the sample and ICS-A

The results of the study showed that there was no statistically significant difference in the mean scores of the participants in ICS-A and its three dimensions based on their age, gender, total years of service, total years of service in their departments and whether they chose the profession willingly ($p > 0.05$) (Table 3).

There was a positive significant relationship between the departments the nurses worked in and their ICS-A total mean scores and Clinical Situation (ClinA) dimension mean scores ($p < 0.05$). While the mean scores of the nurses working in internal diseases departments were the highest, those of the nurses working in intensive care departments were the lowest (Table 3).

3.4. The relationship between the characteristics of the sample and NPCS

The results revealed that professional commitment among nurses did not vary in a statistically significant manner based on their age, gender, level of education, total years of service and the department they worked in ($p > 0.05$) (Table 4). There was a positive significant relationship to a prominent degree between the nurses' years of service in their departments and their mean scores in the Desire to Effort dimension ($p < 0.01$). Those working in a department for eight years or more had higher levels of professional commitment in terms of their desire to effort (Table 4).

There was a significant relationship between whether the nurses had chosen the profession willingly and the NPCS total and Desire to Effort and Maintaining Professional Membership dimension mean scores ($p < 0.05$). Those who had chosen the profession willingly had a higher level of professional commitment in terms of desire to effort and maintaining professional membership. There was no significant relationship between whether the nurses had chosen the profession willingly and Devotion to the Goals and Values, one of the dimensions of NPCS (Table 4).

3.5. The relationship between the individualized care scale-nurse version-A and the nursing professional commitment scale

The results of the study revealed a positive significant relationship ($p < 0.05$) between the NPCS total and Desire to Effort and Devotion to the Goals and Values dimension mean scores and the ICS-A total and dimension mean scores (Table 5). There was no significant relationship between Maintaining Professional Membership, which was a dimension of NPCS and the mean scores in the ICS-A total and dimension mean scores (Table 5).

4. Discussion

This study showed that the individualized care perceptions of the nurses were on a good level (3.81 ± 0.71). It was seen that earlier studies had reached similar results (Can and Acaroğlu, 2015; Doğan et al., 2019). This study found that the nurses paid more attention to Decisional Control (DecA), which supports individuals making their own decisions regarding the care they receive, compared with other dimensions, which was consistent with the findings reported in various studies (Rose, 2016; Çulha and Acaroğlu, 2018; Doğan et al., 2019). Unlike this study, other studies that explored the individualized care perceptions of nurses found mean scores in Clinical Situation (ClinA) to be higher (Can and Acaroğlu, 2015; Karayurt et al., 2018).

According to the results of this study, although there was no statistically significant difference between the ICS-A total and dimension mean scores and the nurses' age, gender, total years of service, total years of service in their departments and whether they chose the profession willingly, there was a significant difference in their perceptions

Table 3
The relationship between the characteristics of the sample and ICS-A (N = 231).

Characteristic		Clinical Situation (ClinA)		Personal Life Situation (PersA)		Decisional Control (DecA)		ICS-A Total	
	n	Mean (SD)	$F/X^2/p$	Mean (SD)	$F/X^2/p$	Mean (SD)	$F/X^2/p$	Mean (SD)	$F/X^2/p$
Gender									
Female	198	3.98(0.86)	0.788	3.30(0.95)	-0137	3.98(0.77)	0.686	3.82(0.73)	0.602
Male	33	3.86(0.79)	0.432	3.33(0.82)	0.891	3.88(0.61)	0.494	3.74(0.54)	0.548
Age									
Under 30	71	3.99(0.84)	0.148	3.27(0.86)	0.072	3.94(0.80)	0.124	3.80(0.71)	
30–39	86	3.93(0.82)		3.33(0.91)		4.00(0.64)		3.81(0.63)	0.009
40 and older	74	3.99(0.89)	0.863	3.30(1.02)	0.931	3.96(0.82)	0.883	3.82(0.79)	0.991
Education									
High school /Associate degree	67	4.00(0.76)	0.379	3.34(0.99)	0.358	3.89(0.79)	-0.956	3.81(0.69)	-0.059
Undergraduate degree or more	164	3.95(0.88)	0.705	3.29(0.91)	0.721	4.00(0.73)	0.340	3.81(0.71)	0.953
Total years of service									
1–5	54	4.05(0.76)	1.280	3.22(0.80)	0.697	3.99(0.70)	0.395	3.83(0.62)	
6–10	41	3.92(0.87)		3.44(0.84)		3.97(0.83)		3.82(0.74)	
11–15	48	3.93(0.77)	0.279	3.32(0.93)	0.595	3.89(0.65)	0.812	3.77(0.59)	0.815
16–20	34	3.71(1.08)		3.14(1.12)		3.90(0.81)		3.65(0.89)	0.517
More than 20	54	4.10(0.81)		3.38(1.00)		4.05(0.80)		3.92(0.73)	
Departments									
Internal diseases clinics	101	4.13(0.79)	**5.526**	3.36(0.93)	1.074	4.05(0.79)	2.863	3.92(0.72)	**3.067**
Surgery departments	57	4.00(0.75)	**0.005***	3.15(0.97)	0.343	4.05(0.69)	0.059	3.82(0.65)	**0.048***
Intensive Care	73	3.71(0.94)		3.35(0.89)		3.79(0.72)		3.65(0.71)	
Total years of service in departments									
1	86	4.09(0.71)	1.472	3.28(0.87)	2.091	3.92(0.78)	0.369	3.84(0.69)	0.250
2–4	60	3.97(0.75)		3.10(0.93)		4.05(0.69)		3.79(0.65)	
5–7	40	3.76(1.02)	0.223	3.38(1.05)	0.102	3.94(0.73)	0.775	3.73(0.77)	0.861
8 And More	45	3.90(1.02)		3.55(0.89)		3.98(0.80)		3.84(0.77)	
Choice of profession									
Willingly	164	3.91(0.86)	-1.484	3.31(0.92)	0.109	3.96(0.72)	-0.268	3.79(0.69)	-0.796
Unwillingly	67	4.09(0.80)	0.139	3.29(0.97)	0.914	3.99(0.83)	0.789	3.87(0.74)	0.427

* $p < 0.05$

Table 4
The relationship between the characteristics of the sample and NPCS dimensions (N = 231).

Characteristic		Desire to Effort		Maintaining Professional Membership		Devotion to the Goals and Values		NPCS Total	
	n	Mean (SD)	$F/X^2/p$	Mean (SD)	$F/X^2/p$	Mean (SD)	$F/X^2/p$	Mean (SD)	$F/X^2/p$
Gender									
Female	198	41.60(8.79)	-0.506	22.51(5.72)	1.927	16.01(2.77)	-0.168	80.11(13.31)	0.464
Male	33	42.42(7.78)	0.614	20.45(5.24)	0.055	16.09(2.40)	0.867	78.97(11.62)	0.643
Age									
Under 30	71	41.68(8.77)	0.004	22.96(5.61)	0.889	16.17(2.47)	0.164	80.80(13.28)	0.218
30–39	86	41.69(8.77)	0.996	21.94(5.59)	0.412	15.93(2.90)	0.849	79.56(13.59)	0.804
40 and older	74	41.80(8.50)		21.81(5.89)		15.97(2.73)		79.58(12.36)	
Education									
High school /Associate degree	67	41.21(9.74)	-0.572	22.37(5.98)	0.274	15.60(2.83)	-1.510	79.18(13.63)	-0.571
Undergraduate degree or more	164	41.93(8.18)	0.568	22.15(5.59)	0.784	16.19(2.65)	0.133	80.26(12.86)	0.569
Total years of service									
1–5	54	42.22(8.13)	0.797	23.41(5.42)	1.566	16.20(2.49)	0.531	81.83(12.82)	1.446
6–10	41	42.05(8.34)	0.528	21.41(5.80)	0.184	16.22(2.37)	0.713	79.68(13.72)	0.220
11–15	48	39.77(9.51)		20.88(5.27)		15.52(2.90)		76.17(12.66)	
16–20	34	42.68(9.55)		22.56(5.74)		16.06(3.12)		81.29(14.99)	
More than 20	54	42.09(8.02)		22.59(6.08)		16.09(2.76)		80.78(11.58)	
Departments									
Internal diseases clinics	101	41.85(8.99)	0.042	23.03(5.53)	2.010	16.34(2.50)	2.041	81.22(13.58)	0.909
Surgery departments	57	41.44(8.71)	0.959	21.88(5.86)	0.136	16.11(2.93)	0.132	79.42(13.03)	0.404
Intensive Care	73	41.75(8.21)		21.34(5.71)		15.51(2.78)		78.60(12.37)	
Total years of service in departments									
1	86	40.99(9.58)	2.683	23.00(5.78)	0.946	16.15(2.72)	0.594	80.14(14.69)	1.047
2–4	60	41.17(7.81)	**0.048***	21.98(5.10)	0.419	15.63(2.89)	0.619	78.78(11.33)	0.373
5–7	40	40.50(8.97)		21.70(5.97)		16.03(2.58)		78.23(14.34)	
8 And More	45	44.93(6.85)		21.47(6.02)		16.27(2.61)		82.67(10.45)	
Choice of profession									
Willingly	164	42.93(8.00)	3.399	22.84(5.71)	2.664	16.13(2.75)	0.971	81.90(12.48)	3.639
Unwillingly	67	38.76(9.49)	**0.001***	20.67(5.39)	**0.008***	15.75(2.61)	0.333	75.18(13.33)	**0.000***

* $p < 0.05$

Table 5
The relationship between the Individualized Care Scale-Nurse Version-A and the Nursing Professional Commitment Scale (N = 231).

	Desire to Effort	Maintaining Professional Membership	Devotion to the Goals and Values	NPCS Total
Clinical Situation (ClinA)	**0.232****	**0.108**	**0.195****	**0.241****
Personal Life Situation (PersA)	**0.254****	-0.047	0.034	**0.154***
Decisional Control (DecA)	**0.247****	0.054	**0.162***	**0.220****
ICS-A Total	**0.285****	0.059	**0.168***	**0.249****

* $p < 0.05$
** $p < 0.01$

of individualized care based on the departments they worked in (internal diseases, intensive care or surgery). As opposed to this study, some studies in the literature, which investigated perceptions of individualized care among nurses, found that factors such as age, gender, level of education, place of residence, work style and professional experience affect perceptions of individualized care among nurses (Papastavrou et al., 2015; Rose, 2016; Karayurt et al., 2018; Doğan et al., 2019). Considering the relationship between perceptions of individualized care among the nurses and the departments they worked in, this study showed that the departments that the nurses worked in did affect their perceptions of individualized care. The mean scores in the ICS-A total and Clinical Situation (ClinA) dimension were higher for the nurses working in internal diseases departments in comparison to those working in intensive care and surgery departments. This was related to the fact that, because nurses working in internal diseases departments spend more time with and get to know the patients who stay in the hospital due to their chronic diseases, they pay more attention to their characteristics in meeting their needs. The diversity in the needs of individuals who require long-term care and have chronic conditions to varying extents necessitates the care they receive to be individualized (Zuhur and Özpancar, 2017). Therefore, the nurses working in internal diseases departments had higher individualized care perceptions than those working in other departments.

The mean NPCS total score of the nurses (79.95 ± 13.07) indicated that professional commitment among the nurses was on a medium level. This result was similar to those reported in other studies (Haydari et al., 2016; Al-Hamdan et al., 2018; Dönmez and Karakuş, 2019). Considering the mean scores in the dimensions, the Desire to Effort dimension had the highest mean score (41.72 ± 8.64), whereas the lowest score (16.02 ± 3.57) was in the Devotion to the Goals and Values dimension. While this result was consistent with some studies (Demir Barutçu and Ergin, 2017; Dönmez and Karakuş, 2019), it differed from some others (Hsu et al., 2015). It was thought that this difference was due to the characteristics of the nurses, as well as the regions and hospitals where the studies were conducted.

The results revealed that professional commitment among the nurses did not vary in a statistically significant manner based on their age, gender, level of education, total years of service and the departments they worked in ($p > 0.05$). Similarly, Cihangiroğlu et al. (2015) demonstrated that whether nurses had administrative positions, their marital status and their years of service did not affect their professional commitment levels. A study by Hsu et al. (2015) determined that nurses' ages, marital status, job levels and working shifts affected their professional commitment. Besides, some studies have shown that professional commitment is affected by factors such as age, working hours, working conditions, professional experience, salary and communication with the team (Derin et al., 2017; Al-Hamdan et al., 2018; Dönmez and Karakuş, 2019). Different studies have observed that the individualized care perceptions and professional commitment of nurses are associated with

education levels and in-service training programs (Dönmez and Karakuş, 2019; Karayurt et al., 2018). In nursing, vocational training is a start in the development of individualized care and professional commitment perceptions. In comprehending the essence of nursing and reflecting it in professional behaviors by internalizing it, qualified education is crucially important. The professional perception gained by the prospective nurse throughout nursing training shapes professional behaviors in time. Both the results obtained in this study and the literature indicate the necessity to conduct more comprehensive studies where the relationship of education with individual care perceptions and professional commitment is investigated.

In this study, there was a positive significant relationship to a prominent degree between the nurses' years of service in their departments and their mean scores in the Desire to Effort dimension ($p < 0.01$). Those who had been working at their current departments for eight years or more had more professional commitment than the others in terms of desire to effort. It was observed that, as the experiences of the nurses increased together with their years of service in their departments, they provided greater support to endeavors to improve the profession. Different studies that explored job satisfaction, burnout levels and organizational commitment among nurses found that the increased knowledge of employees and skills constituted a factor that could enhance self-confidence and thus, the feeling of personal success increased, and the risk of burnout decreased (Durmuş et al., 2018). Furthermore, with increasing professional experience, nurses' communication, coping and administrative skills improve and their job stress decreases, which increase job satisfaction (Çelik and Kılıç, 2019). The finding in this study that as the nurses' years of service in their departments increased, their Desire to Effort, a dimension of professional commitment, increased, might have been related to job satisfaction, organizational belonging and professional commitment. There was a significant relationship between whether the nurses had chosen the profession willingly and their NPCS total and Desire to Effort and Maintaining Professional Membership dimension mean scores ($p < 0.05$). Professional commitment among those who had chosen to be nurses willingly was higher in terms of desire to effort and maintaining professional membership. Professional commitment in nursing requires devotion to professional values, accepting these values, working towards their fulfilment and self-development to this end and maintaining membership in the profession. Loving the profession is one of the essential factors that determine professional commitment. In line with the results of this study, some studies showed that those who started a profession willingly had higher mean professional commitment scores (Dönmez and Karakuş, 2019).

The results of this study indicated a positive significant relationship between the NPCS total mean score and Desire to Effort and Devotion to the Goals and Values dimension mean scores and the ICS-A total and dimension mean scores. Individualized care refers to application of the philosophy of nursing care in the practice of nursing. The philosophy of nursing care points out that every individual is a whole with their needs, experiences, preferences and environment and care should be provided by taking these differences into consideration. Individualized approaches to nursing care are therapeutic intervention processes. Professional commitment, on the contrary, involves individuals' devotion to professional goals and values, acting in line with these values, working towards professional activities and feeling proud of their professional career. Applying individualized care practices, which are the reflection of the scientific and artistic aspects of nursing on care, is possible by embracing the values of the profession of nursing and making an effort in line with these values. This study revealed that the nurses with high professional commitment perceptions perceived behaviors that aimed to support the individuality of healthy/ill people to be more critical. It was found that the nurses with a prominent level of desire to effort and devotion to the goals and values of the profession supported the individuality of people more.

4.1. Limitations of the study

This study was limited with nurses working in the internal diseases, surgery and intensive care departments at a public hospital. Therefore, the results of the study cannot be generalized. It is recommended to repeat this study with nurses working at different institutions and larger samples. Furthermore, those volunteered to participate in the study may have been more inclined to use individualized care practices and more professionally committed. This situation may be listed as another limitation of the study.

5. Conclusion

The results of this study showed that the individualized care perceptions of the nurses and their professional commitment were influenced by the departments they worked in, their years of service in their departments and whether they chose the profession willingly. Furthermore, there was a positive significant relationship between the nurses' professional commitment and their perceptions of individualized care. Thus, it may be stated that, as professional commitment increases, adoption of professional values and desire to effort in this direction increase and the individualized care approaches that reflect the philosophy of nursing care are also increasingly embraced.

The results of the study indicated that there was a positive significant relationship between the individualized care perceptions of the nurses and their professional commitment. Therefore, practices and policies should be developed to support individualized care and professional commitment among nurses for enhancing the quality of patient care, patient satisfaction and job satisfaction among nurses. Necessary regulations should be supported considering the effect of the work environment and working conditions on individualized care perceptions and professional commitment among nurses. Besides, focusing on the factors that influence the individualized care perceptions and professional commitments of nurses in education programs and clinical studies towards adoption of the philosophy of nursing will contribute to eliminating existing deficiencies. It is additionally important to include individualized care, which is a highly important concept and value for the profession of nursing and professional commitment perceptions in not only vocational but also in-service training programs. The results of the study are significant in that they lead the way to these regulations.

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CRediT authorship contribution statement

Şeyda Can: Data curation, Writing – original draft. I declare that I have all participated in the design, execution, and analysis of the paper, and that I have approved the final version.

Conflict of interest

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. The material described is not under publication or consideration for publication elsewhere.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.nepr.2021.103181.

References

Acaroğlu, R., Şendir, M., 2012. The scales for assessment of individualized care. FNJN 20 (1), 10–16.

Al-Hamdan, Z., Dalky, H.F., Al-Ramadneh, J., 2018. Nurses' professional commitment and its effect on patient safety. Glob. J. Health Sci. 10 (1), 111–119. https://doi.org/10.5539/gjhs.v10n1p111.

Barać, I., Prlić, N., Plužarić, J., Farčić, N., Kovačević, S., 2018. The Mediating role of nurses' professional commitment in the relationship between core self-evaluation and job satisfaction. Int. J. Occup. Med. Environ. Health 31 (5), 649–658. https://doi.org/10.13075/ijomeh.1896.01256.

Can, Ş., Acaroğlu, R., 2015. Relation of professional values of the nurses with their individualized care perceptions (https://Doi.Org/). FNJN 23, 32–40. https://doi.org/10.17672/Fnhd.9397720.

Çelik, Y., Kılıç, İ., 2019. The relationships between job satisfaction, professional burnout and quality of life in nurses. Kocatepe Med. J. 20, 230–238. https://doi.org/10.18229/kocatepetip.444706.

Çetinkaya, A., Özmen, D., Bayık Temel, A., 2015. The study of reliability and validity of nursing professional commitment scale objectives. DEUHFED 8 (2), 54–60. ⟨https://dergipark.org.tr/tr/pub/deuhfed/issue/46804/586883⟩.

Cihangiroğlu, N., Şahin, B., Teke, A., Uzuntarla, Y., 2015. Examining factors affecting nurses' conflict and professional commitment levels. J. Econ. Adm. Sci. 29 (4), 599–610. Retrieved from. ⟨https://dergipark.org.tr/tr/pub/atauniiibd/issue/2719/36029⟩.

Çulha, Y., Acaroğlu, R., 2018. The relationship amongst student nurses' values, emotional intelligence and individualised care perceptions. Nurs. Ethics 26 (7–8), 2373–2383. https://doi.org/10.1177/0969733018796682.

Demir Barutçu, C., Ergin, S., 2017. Examination of professional commitment and stress management among nurses from different generations. Int. J. Caring Sci. 10 (1), 456–463.

Derin, N., Şimşek Ilkım, N., Yayan, H., 2017. Expression of professional adherence by professional prestige in nurse. J. Hacet Univ. Fac. Nurs. 4 (3), 24–37. ⟨https://dergipark.org.tr/tr/pub/hunhemsire/issue/30984/396252⟩.

Doğan, P., Tarhan, M., Kürklü, A., 2019. The relationship between individualized care perceptions and moral sensitivity levels of nursing. J. Educ. Res. Nurs. 16 (2), 119–124. https://doi.org/10.5222/HEAD.2019.119.

Dönmez, S., Karakuş, E., 2019. Investigation off professional commitment off the newly graduated nurses. Kocaeli Med. J. 8 (1), 146–152. https://doi.org/10.5505/ktd.2019.93695.

Durmuş, M., Gerçek, A., Çiftci, N., 2018. A research on the evaluation of life quality and burnout levels of nurses. J. Soc. Sci. Mus. Alparslan Univ. 6 (2), 279–286. https://doi.org/10.18506/anemon.325977.

Fix, G.M., Vandeusen Lukas, C., Bolton, R.E., Hill, J.N., Mueller, N., Lavela, S.L., Bokhour, B.G., 2018. Patient-Centred care is a way of doing things: how healthcare employees conceptualize patient-centred carehealth expectations. Health Expect. 21, 300–307. https://doi.org/10.1111/hex.12615.

Gurdogan, E.P., Findik, U.Y., Kara Arslan, B., 2015. Patients' perception of individualized care and satisfaction with nursing care levels in Turkey. Int. J. Caring Sci. 8 (2), 369–375.

Haydari, S.M., Kocaman, G., Tokat, M.A., 2016. A Survey on the intention of the nurses' of different generations to leave their job and profession and their organizational and professional commitments. J. Health Nurs. Manag. 3 (3), 119–131. https://doi.org/10.5222/SHYD.2016.119.

Hower, K.I., Vennedey, V., Hillen, H.A., Kuntz, L., Stock, S., Pfaff, H., Ansmann, L., 2019. Implementation of patient-centred care: which organisational determinants matter from decision maker's perspective? Results from a qualitative interview study across various health and social care organisations. BMJ Open 9, 027591. https://doi.org/10.1136/Bmjopen-2018-027591.

Hsu, H.C., Wang, P.Y., Lin, L.H., Shih, W.M., Lin, M.H., 2015. Exploring the relationship between professional commitment and job satisfaction among nurses. Workplace Health Saf. 63 (9), 392–398. https://doi.org/10.1177/2165079915591400.

Karayurt, Ö., Erol Ursavaş, F., İşeri, Ö., 2018. Examination of the status of nurses to provide individualized care and their opinions. Acibadem Univ. Health Sci. J. 9 (2), 163–169. https://doi.org/10.31067/0.2018.8.

Kuipers, S.C., Cramm, J.M., Nieboer, A.P., 2019. The importance of patient-centered care and co-creation of care for satisfaction with care and physical and social well-being of patients with multi-morbidity in the primary care setting. BMC Health Serv. Res. 19 (13), 1–9. https://doi.org/10.1186/s12913-018-3818-y.

Lu, K.Y., Chiou, S.L., Chang, Y.Y., 2000. A study of the professional commitment changes from nursing students to registered nurses. Kaohsiung J. Med. Sci. 16 (1), 39–46. https://doi.org/10.6452/KJMS.200001.0039.

Papastavrou, E., Acaroglu, R., Sendir, M., Berg, A., Efstathiou, G., Idvall, E., Kalafati, M., Katajisto, J., Leino-Kilpi, H., Lemonidou, C.D., Suhonen, R., 2015. The relationship between individualized care and the practice environment: an international study. Int. J. Nurs. Stud. 52 (1), 121–133. https://doi.org/10.1016/J.Ijnurstu.2014.05.008.

Rose, P.M., 2016. Individualized care in the radiation oncology setting from the patients' and nurses' perspective (https://Doi.Org/). Cancer Nurs. 39, 411–422. https://doi.org/10.1097/Ncc.0000000000000332.

Santana, M.J., Manalili, K., Jolley, R.J., Zelinsky, S., Quan, H., Lu, M., 2018. How to practice person-centred care: a conceptual framework. Health Expect. 21, 429–440. https://doi.org/10.1111/Hex.12640.

Suhonen, R., Gustafsson, M.L., Katajisto, J., Välimäki, M., Leino-Kilpi, H., 2010. Nurses' perceptions of individualised care. J. Adv. Nurs. 66, 1035–1046. https://doi.org/10.1111/j.1365-2648.2009.05256.x.

Weldam, S.W., Lammers, J.J., Zwakman, M., Schuurmans, M.J., 2017. Nurses' perspectives of a new individualized nursing care intervention for copd patients in primary care settings: a mixed method study (https://Doi.Org/). Appl. Nurs. Res. 33, 85–92. https://doi.org/10.1016/J.Apnr.2016.10.010.

Zuhur, Ş., Özpancar, N., 2017. The use of nursing models in the management of chronic diseases in Turkey: a systematic review. HEAD 19 (2), 57–74. Retrieved from. ⟨https://dergipark.org.tr/tr/pub/hemarge/issue/52751/696111⟩.